


REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 283108007US									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">In re Application of Berkun et al.</td> </tr> <tr> <td style="width: 60%; padding: 2px;">Application Number 09/876,943-Conf. #9074</td> <td style="padding: 2px;">Filed June 8, 2001</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For Interpretive stream metadata extraction</td> </tr> <tr> <td style="padding: 2px;">Art Unit 2144</td> <td style="padding: 2px;">Examiner G. C. Bengzon</td> </tr> </table>		In re Application of Berkun et al.		Application Number 09/876,943-Conf. #9074	Filed June 8, 2001	For Interpretive stream metadata extraction		Art Unit 2144	Examiner G. C. Bengzon		
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<p>Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application.</p> <p>The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) \$ <u>1,000.00</u></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____</p> <p><input checked="" type="checkbox"/> Charge the fee to EFT Account SEA1PIRM.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>50-0665</u>.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.</p> <p>I am the</p> <p><input type="checkbox"/> applicant/inventor.  Signature</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <u>J. Mason Boswell</u> Typed or printed name</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>58,388</u> <u>January 3, 2007</u> Date</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. <u>(206) 359-8000</u> Telephone number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>											
<p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p>											